

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         | KH       | 32     | 07-31-01 |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | AB       | JG 916 | 09-14-01 |
| RESPONSE FORMALITY REVIEW |          |        |          |

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim | Final | Original | Date    |
|-------|-------|----------|---------|
| 1     | ✓     | ✓        | 7/25/01 |
| 2     | ✓     | ✓        | 7/12/01 |
| 3     | ✓     | ✓        | 7/12/01 |
| 4     | ✓     | ✓        | 7/12/01 |
| 5     | ✓     | ✓        | 7/12/01 |
| 6     | ✓     | ✓        | 7/12/01 |
| 7     | ✓     | ✓        | 7/12/01 |
| 8     | ✓     | ✓        | 7/12/01 |
| 9     | ✓     | ✓        | 7/12/01 |
| 10    | ✓     | ✓        | 7/12/01 |
| 11    | ✓     | ✓        | 7/12/01 |
| 12    | ✓     | ✓        | 7/12/01 |
| 13    | ✓     | ✓        | 7/12/01 |
| 14    | ✓     | ✓        | 7/12/01 |
| 15    | ✓     | ✓        | 7/12/01 |
| 16    |       |          |         |
| 17    | ✓     | ✓        | 7/12/01 |
| 18    | ✓     | ✓        | 7/12/01 |
| 19    | ✓     | ✓        | 7/12/01 |
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| Claim | Final | Original | Date |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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